

**NOTE: Please read “INSTRUCTIONS FOR FILING”.
The instructions must be adhered to when filing form.**



Board of Equalization and Assessment Review

Contact Information:

703.838.4646 (Voice)
703.838.4576 (to request Appeal form)
realestate@alexandriava.gov (e-mail)

Office Location:

301 King Street, Room 2610
City Hall
Alexandria, Virginia 22314

2006

Appeal of Real Estate Assessment

Real estate assessments, property information, and sales information are available on the Department of Real Estate Assessments web site at **alexandriava.gov/realestate** .

You may also reach us via e-mail at **realestate@alexandriava.gov** .

Forms may also be printed from the City's web site at **alexandriava.gov/realestate** .

All Appeals Must be Filed By July 1.

APPEAL OF REAL ESTATE ASSESSMENT

The purpose of this form is to appeal your assessment to the Board of Equalization and Assessment Review.

INSTRUCTIONS FOR FILING

Be as specific as possible as to why you feel that your assessment is: **1) above or below fair market value**, and/or **2) inequitable when compared to like surrounding properties**. If you are aware of specific sales that are comparable to your property, or any unusual conditions that affect the fair market value, please include these with your appeal so that we may consider them in the appeal process. Sales for your assessment neighborhood may be viewed on our web site at alexandriava.gov/realestate. When filling out this form, please include a telephone number(s) where you can be reached between 8:00 a.m. and 5:00 p.m., Monday through Friday. It is necessary for our office to have this information in order to contact you to schedule your hearing.

All Appeals of Real Estate Assessment must be typed or printed legibly on an original 2006 form obtained from our office or downloaded from our web site. Use a separate appeal form for each parcel being appealed. All pages of your submission must be numbered consecutively. Property owners, agents and/or representatives are required to submit all data that supports their reason for appeal when this form is filed. A photograph of the property is requested by the Board and should be attached to the original appeal.

An original and seven copies of the appeal and summary support documentation must be submitted at the time the appeal is filed. If submitting lengthy support documentation, i.e., an appraiser's narrative report, only **one copy** is necessary of this information and it should be **attached to the original Appeal Form**.

If you are an **agent** for the property owner, you must provide a proper letter of authorization from the property owner (**not the tenant**), to act on their behalf for the current assessment year. You may request instructions to ensure your submission of an acceptable authorization. **The letter of authorization must accompany this completed form.** A copy will suffice if the original 2006 authorization has already been received by the Department of Real Estate Assessments. Make it clear on the form where you want the results of the appeal to be mailed. **We will only mail results of the hearing to ONE address.**

If the property to be reviewed is an **income-producing property** (e.g., apartment building, office building, shopping center, retail, warehouse, etc.), and you have not previously submitted to the Department of Real Estate Assessments a statement of income and expense for calendar year **2004** when requested, pursuant to Title 58.1-3294 of the Code of Virginia, the Board of Equalization and Assessment Review shall bar you or your representative from using any of the required but not furnished income and expense information as a basis for your appeal.

When you have completed the **APPEAL OF REAL ESTATE ASSESSMENT** form, detach the "Instructions for Filing" and return the original and seven copies of the Appeal form and supporting documentation to:

Board of Equalization and Assessment Review
P. O. Box 178
Alexandria, VA 22313-1501

Only those forms received by the Board of Equalization or postmarked by the United States Postal Service no later than July 1 will be accepted.

Please be advised that all data supporting this appeal must be submitted when this form is filed. **NO ADDITIONAL WRITTEN DOCUMENTATION WILL BE ACCEPTED AT THE HEARING. You will be advised of your hearing date and time in writing and you may only reschedule one time. If you wish to withdraw your appeal from the Board you must do this in writing 48 hours prior to your scheduled hearing or the Board may hear the appeal in your absence.**

Any written information that will be given to the Board of Equalization by the Department of Real Estate Assessments regarding the 2006 assessment of your property will be available to you 48 hours prior to your hearing date. You can review this information in Room 2600, City Hall between the hours of 8:00 a.m. and 5:00 p.m.

Please refer to the **Hearing Rules and Procedures of the Board of Equalization** included with this form and also included on our website.

2006 APPEAL OF ASSESSMENT

Original or downloaded forms only.

Attach photo to form.

Map No.	Block	Lot	For Office Use Only Local #: _____ Initiated By: _____ Neighborhood: _____ Verification of AV's: _____ Account Manager: _____ Date Assigned: _____ Entered in RealWare: <input type="checkbox"/> Date Entered: _____ Appeal #: _____ Authorization Required: <input type="checkbox"/> yes <input type="checkbox"/> no 2006 Written authorization submitted? <input type="checkbox"/> yes <input type="checkbox"/> no Appeal Filed? ____ 2003 ____ 2004 ____ 2005 Appeal complete? _____ Revised Assessment / Local # Land: _____ Building: _____ Total: _____ Local #: _____
Databank No.		Date	
2005 ASSESSED VALUE			
2006 ASSESSED VALUE			

Name of Owner _____

Property Address _____

Mailing Address (if different than property address) _____

Sale Price (if purchased within the last five years) \$ _____

If loan against property, state full original amount \$ _____

Date of loan _____ Terms _____

Amount of insurance carried on real estate \$ _____

I, (we), hereby apply for a hearing before the Board of Equalization and Assessment Review for the following reasons:
(check any or all)

- ☐ 1. The new assessment is in excess of the Market Value of the property.
- ☐ 2. The new assessment is inequitable as compared to like surrounding properties.
- ☐ 3. Other: EXPLAIN FULLY (use additional sheets if necessary)

Was a 2006 Request for Review of Assessment filed with the Dept. of Real Estate Assessments? ☐ Yes ☐ No

State your opinion of the Fair Market Value as of January 1, 2006. \$ _____

I, (we), the undersigned hereby verify that the information given is correct to the best of my (our) knowledge.

Signature - owner

Signature - agent

Print Name - owner

Print Name - agent

Date: _____ Telephone: (work) _____ (home) _____

I, (we), wish to have the results of the Appeal mailed to: (check only one box)

- ☐ Property address
- ☐ Mailing address
- ☐ Other (please provide address) _____

For Administrative Use Only

Data Entry in REAVCS

Owner contacted for hearing? ☐ yes ☐ no

Initials: _____ Date: _____ Hearing Date: _____ Time: _____

Authorization required? ☐ yes ☐ no

Notification:

2006 Authorization submitted? ☐ yes ☐ no

☐ Hearing notification letter sent?

Initials: _____ Date: _____

Telephone Notes: _____

Board minutes: _____

Hearing notes: _____

Board Secretary initials: _____ Decision date: _____

Notification instructions: _____

Board Chairman: _____ Date: _____

Recommended changes to carat system by Board of Equalization: _____

Specific recommendations to appraiser: _____

Appraiser Changes:

Recosted: ☐ yes ☐ no Appraiser's initials: _____ Date: _____

☐ Reviewed for upcoming assessment: _____ Date: _____ Appraiser's Initials: _____

Administrative Use Only:

(1) RealWare Appeals Summary Changes

☐ Reason adjusted / denied (Memo)

☐ COE Type

Initials: _____ Date: _____

(2) RealWare Appeal Detail Changes

☐ Final Review Land entered

☐ Final Review Improvement entered

Initials: _____ Date: _____

(3) RealWare Land Abstract Value Changes

☐ Land Abstract Override entered

☐ Correction Type entered

☐ Reason for change entered _____

Initials: _____ Date: _____

(4) RealWare Market Value Changes

☐ Improvement Market Override entered

☐ Correction Type entered

☐ Reason for change entered _____

Initials: _____ Date: _____

(5) RealWare Tax Roll Correction

☐ Tax roll correction # _____

☐ Date prepared & entered

☐ Reason # entered _____

☐ Clerical Error # entered (Review #) _____

Initials: _____ Date: _____

(6) REAVCS entry

☐ Received, Assigned and Completed dates entered

(7) Tax Adjustment Signed

Reason code _____

Director: _____ Date: _____

(8) Final Check

☐ Notification letter sent

☐ Value Change History checked

Initials: _____ Date: _____